

COASTAL CREDIT LLC

Privacy Act Release Form

To Whom It May Concern:

I understand the privacy act, or other laws, rules, or regulations may prohibit your disclosure of information regarding myself without my express approval and authority.

You may consider this letter, or copy thereof as your authorization to release any information concerning myself to Coastal Credit LLC.

This release will terminate upon satisfaction of my debt to Coastal Credit LLC.

Signature

Signature of Witness

Printed Name

Printed Name of Witness

Social Security Number

_____/_____/_____
Date Executed

_____/_____/_____
Date Executed